

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521054

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2	/	/						52					
3	/							53					
4	/							54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
9	/							59					
10	/							60					
11	/							61					
12	/							62					
13	/							63					
14	/							64					
15	/							65					
16	/							66					
17	/							67					
18	/							68					
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37	/							87					
38	/							88					
39	/							89					
40	/							90					
41	/							91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3		↓			↓		TOTAL IND.		↓			↓
TOTAL DEP.	39		←			←		TOTAL DEP.		←			←
TOTAL CLAIMS	41							TOTAL CLAIMS					